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PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## 09/413,963 **Application Number TRANSMITTAL** October 7 **Filing Date FORM** J. Lynch **First Named Inventor** 2763 (to be used for all correspondence after initial filing) Group Art Unit L. Knoxechnology Center 2100 **Examiner Name** 85160.911C3

Total Number C	or Pages in This Subir	1155101	Attorney Docket Numbe	1				
ENCLOSURES (check all that apply)								
Fee Transm	nittal Form	Ass (for	signment Papers r an Application)		After Allowance Communication to Group			
Fee Attached		Drawing(s)			Appeal Communication to Board of Appeals and Interferences			
Amendment / Response		Licensing-related Papers			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
Afte	er Final		tition Routing Slip (PTO/SB/69) d Accompanying Petition	Proprietary Information				
Affic	davits/declaration(s)	11 1	tition to Convert to a ovisional Application	Status Letter				
Extension of Time Request		[ ] Cha	wer of Attorney, Revocation ange of Correspondence dress		Additional Enclosure(s) (please identify below)			
Express Abandonment Request			rminal Disclaimer	Certificate of Express Mail; Request for 3 mo.				
Information	Information Disclosure Statemen		equest for Refund		Ext.;Return receipt postcard.			
Certified Control Document(	opy of Priority (s)	Remarks	A REQUEST IS HER	REBY MADE FOR A THREE				
Response to Missing Parts/ Incomplete Application		MONTH EXTENSION ON RESPONSE TO OFFICE ACTION OF MAY 30, 2000.						
Response to Missing Parts under 37 CFR 1.52 or 1.53								
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<b>FEE TRANS</b>	ΜΙΤΤΔΙ	Complete if Known					
		Application Number	09/413,963	RECEIV	/FD		
for FY 2	000	Filing Date	October 7, 1999				
Patent fees are subject to a	nnual revision.	First Named Inventor	J. LYNCH	DEC 13 2	hon		
Small Entity payments <u>must</u> be supported otherwise large entity fees must be paid.		Examiner Name	L. KNOX				
See 37 C.F.R. §§ 1.27	(\$) 1024.00	Group / Art Unit	2763	Technology Cent	ter 2100		
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	85160.911C3	3, 0011)	r 2100		

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Description					Fee Paid		
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2. Payment Enclosed:  Check Money Other  Other	113 1,	,840*	113	1,840	Requesting public Examiner action			
FEE CALCULATION	115	110	215	55	Extension for rep	•		
1. BASIC FILING FEE				190	Extension for rep	•		000 55
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108 690 208 345 Reissue filing fee	138 1,		138 1		Petition to institut	e a public us	e proceeding	<del></del>
114 150 214 75 Provisional filing fee			240	55	Petition to revive	- unavoidabl	le	
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2. EXTRA CLAIM FEES	142 1,	,210	242	605	Utility issue fee (d	or reissue)		
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Total Claims 23 -20** = 3 X 18 = 54.00 Independent 4 - 3** - 1 X 80 A00				290	Plant issue fee			
Claims				130	Petitions to the C	ommissioner		
Multiple Dependent = =	123	50	123	50	Petitions related t	-		
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity				240	Submission of Inf	formation Dis	closure Stmt	
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103 18 203 9 Claims in excess of 20	146 (	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))			
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149	690	249	49 345 For each additional invention to be				
109 78 209 39 ** Reissue independent claims over original patent	Other fee	a lera	oifu)		examined (37 CF	к § 1.129(b)	)	
110 18 210 9 ** Reissue claims in excess of 20	Outer let	a (she	(UIY)					
and over original patent	Other fee	e (spe	cify) _					
SUBTOTAL (2) (\$) 134.00 · Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 890.00								
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Obi Iloputaife		egistra Ittomey			15,677	Telephone	310-286-	-0377
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